

three and one-half years; 15 cannot be traced. Of the 48 patients suffering from malignant disease of the fundus, 39 were subjected to hysterectomy, 30 of them by the abdominal route. Of these, 22 have remained in perfect health two to seven years, 7 developed symptoms of recurrence from one to five years later, 3 died, and 7 cannot be traced. Out of the 37 cases of adenocarcinoma of the fundus, 17 had fibroids as well; and of 10 of sarcoma, 4 had fibroids. The vast proportion of women with cancer of the cervix are over thirty years of age, the average being forty-four and one-half years, and the average number of children was five. Six were unmarried and childless. In the fundus cases the average age was fifty-eight years, and the average number of children was 1; 18 of the 38 were unmarried and childless.

A Study of 131 Consecutive Cases of Fibroid Tumors of the Uterus Demanding Operation.—A MACCLAREN (*Annals of Surgery*, 1909, 1, 281) reports the last 100 hysterectomies for uterine fibroids he has done and the myomectomies he has done during the same period of time, 31 in number; 78 per cent. of the hysterectomy patients were forty-five years of age or older, 1 was twenty-five years, 1 was twenty-eight years, and 28 per cent. were between thirty and forty-five years; 87 per cent. of the myomectomy patients were not more than forty years of age. In 3 of 60 myomectomies MacClaren has done fibroids have developed, requiring a second operation, in two of them hysterectomy. In the 3, the second operation was required within two years following the myomectomies. Myomectomy during pregnancy was done 4 times, with one miscarriage. MacClaren does not advise removal, during pregnancy, of a symptomless fibroid, nor abstaining from such operation for proper indications during pregnancy, even though the child be not viable. Three deaths occurred in the hysterectomy series and 2 in the myomectomies. A very interesting statement is made regarding his gall-bladder surgery. In 20 consecutive cases of pelvic operations in which the gall-bladder had been opened and drained there had been 3 deaths, while the general mortality of his gall-bladder work in other cases was but 2 per cent. MacClaren has consequently abandoned Kelly's plan of removal of gallstones incidental to pelvic operations. Twice after myomectomy MacClaren has been obliged to do vaginal section for hematomas, although in the habit of employing vaginal drainage after this operation. In 10 per cent. of the hysterectomies this procedure was employed. Seventeen of the 100 hysterectomy patients had never married; 22 of the married ones had either miscarried or never been pregnant; 17 other married ones had not had a child for twenty years; 25 had had the last child from ten to twenty years before operation; 4 had given birth to children during the last preceding three years, and the remaining 11 of the hysterectomy subjects had each had a child between five and ten years before operation.

Rare Metastases of Uterine Carcinoma.—HEINRICH OFFERGELD (*Monatsschr. f. Geburtsh. u. Gynäk.*, 1909, xxix, 181) reviews the literature concerning rare metastatic growths from carcinoma of the uterus, and arrives at the following conclusions: In uterine carcinoma metastases occur very rarely in striated muscles; secondary growths occur with greater frequency in the myocardium. They occur in advanced cases

only, and arise hemogenetically without exception. The clinical symptoms of these metastases vary greatly, depending entirely on the function of the muscle affected (myocardium, eye muscles, muscles of the body; the latter not giving rise to any symptoms). On account of absence of all clinical symptoms the body musculature should be carefully examined at autopsy. The ureteral wall possesses a certain immunity against carcinoma; in two cases the carcinoma was inoperable, in the third case of this kind operation was performed successfully. Nothing definite is known of the mode of dissemination and of the clinical course. The apparently intact ureter should be examined microscopically at autopsy for possible microscopic carcinomatous infiltration of its wall. Carcinoma of the thoracic duct occurs more frequently in uterine cancer. The secondary carcinoma of the thoracic duct arises lymphogenetically through the medium of the inguinal, hypogastric, and lumbar plexuses, which empty into the thoracic duct. Carcinoma of the thoracic duct is of special importance, as it gives rise to further hematogenous metastases. Whether carcinoma of the thoracic duct in uterine cancer occurs in a large number of cases remains to be proved by future careful autopsies. Carcinoma of the supraclavicular and infraclavicular glands is found only in extensive glandular disease associated with uterine cancer. These metastases are of lymphogenous origin through the medium of the thoracic duct, with marked preference for the left side on account of the anatomical conditions. The mediastinal lymphatic glands are frequently found carcinomatous in uterine carcinoma, while secondary carcinoma of the mediastinum itself is very rare. The metastatic mediastinal tumors in uterine carcinoma arise lymphogenetically, either directly from the lymph glands, or by retrograde lymphogenous transportation.

The Treatment of Inoperable Cancer of the Uterus.—GELLHORN (*Amer. Jour. Obst.*, 1909, lix, 799) related to the Chicago Gynecological Society his technique of the application of acetone in the treatment of inoperable cancer of the uterus. While not claiming for this remedy curative properties, Gellhorn declares it the most efficient known in preventing hemorrhages and malodorous discharges. Two classes of cases are enumerated in which its application cannot satisfactorily be made. The first is composed of those *in extremis* when first seen. In these the body of the uterus seems to be merely a thin shell within which the ravages of the disease progress unhindered, even the most temporary amelioration being impossible, and the primary focus has lost all its significance. In the other class are placed cases in which the application of acetone would seem unpromising because of the attending unsurmountable technical difficulties. The principal difficulty is the unusual location of the cancer, as, for instance, the interior of the uterus, or the lower part of the vagina, or the vulva. This technical difficulty has brought about, as a substitute for liquid acetone, the white powder, acetone bisulphite, which can be used with a powder blower. It is less efficient than the liquid acetone.